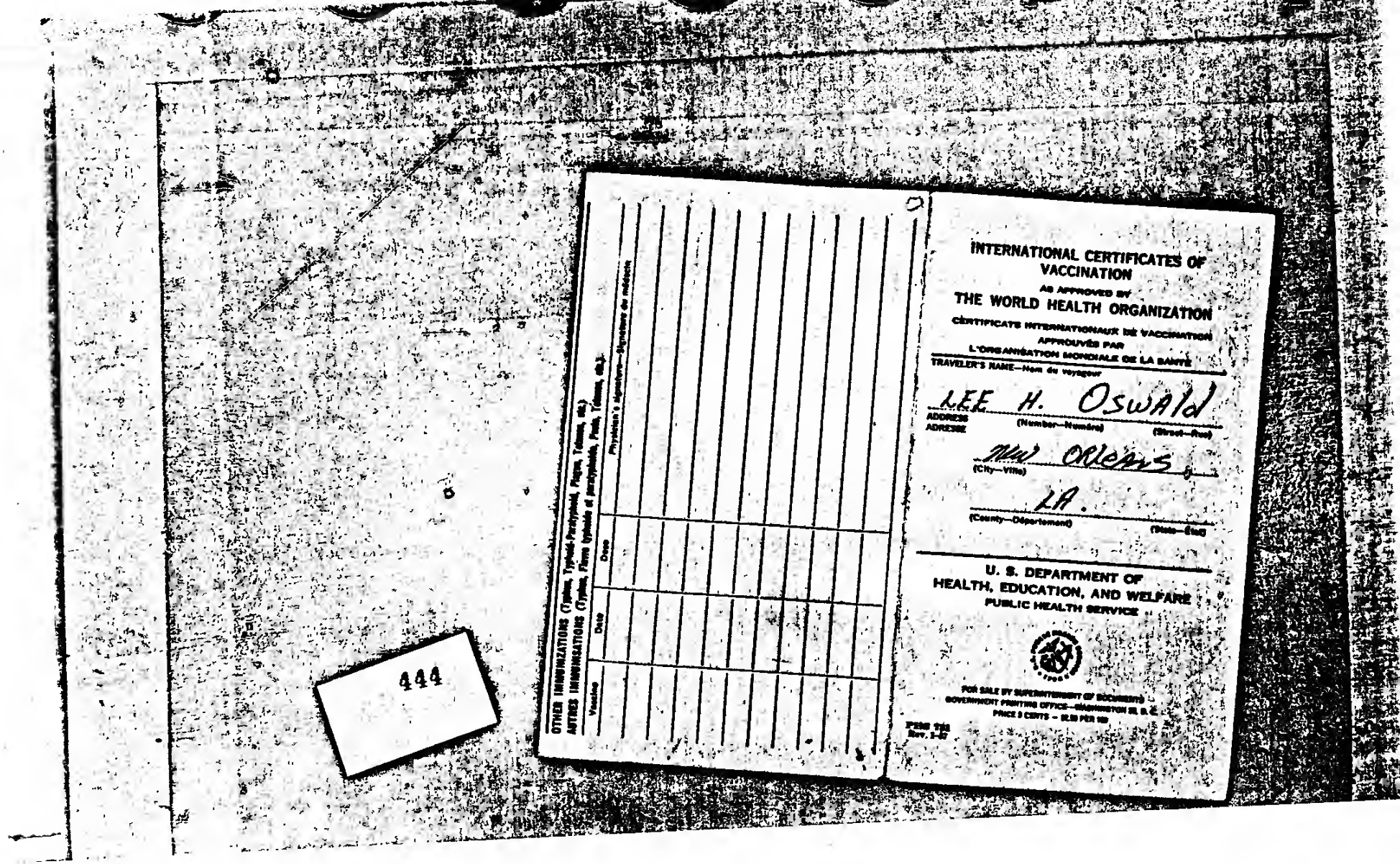

444
OTHER IMMUNIZATIONS (Typhus, Typhoid-Paratyphoid, Plague, Tetanus, etc.)
AUTRES IMMUNISATIONS (Typhus, Fièvre typhoïde et paratyphoïde, Peste, Tétanos, etc.)
Vaccine
Date
Dose
Physician's signature—Signature du médecin
INTERNATIONAL CERTIFICATES OF VACCINATION
AS APPROVED BY
THE WORLD HEALTH ORGANIZATION
CERTIFICATS INTERNATIONAUX DE VACCINATION
APPROUVÉS PAR
L'ORGANISATION MONDIALE DE LA SANTÉ
TRAVELER'S NAME—Nom du voyageur
LEE H. OSWALD
ADDRESS
ADRESSE
(Number—Numéro)
(Street—Rue)
New Orleans
(City—Ville)
LA.
(County—Département)
(State—Etat)
U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
FOR SALE BY SUPERINTENDENT OF DOCUMENTS
GOVERNMENT PRINTING OFFICE—WASHINGTON 25, D. C.
PRICE 5 CENTS – $3.50 PER 100
FORM 731
Rev. 1-57

414

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that
Je soussigné(e) certifie que LEE OSWALD sex sexe M

whose signature follows
dont la signature suit ..... date of birth
né(e) le OCT 18 39

has on the date indicated been vaccinated or revaccinated against smallpox.
a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Indicate by "X" whether Indiquer par "X" s'il s'agit de	Signature, professional status, and address of vaccinator Signature, qualité professionnelle, et adresse du vaccinateur	Approved stamp Cachet officiel
JUN 8 1963	1a Primary vaccination performed Primovaccination effectuée ☒	M.D. DR. A.J. HIDELL P.O. BOX 30016 NEW ORLEANS, LA.	1a JUN WARD 1971
	1b Read as successful Prise ☐ Unsuccessful Pas de prise ☐*		1b
	2 ☐ Revaccination		2
	3 ☐ Revaccination		3

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed. (In the United States, the stamp is that of the local or State health department of the area in which the immunizing physician practices, the Department of Defense, a designated yellow fever vaccination center, the seal of the Public Health Service, or the special "S-C" stamp approved by the latter service.)

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DU CE CERTIFICAT couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée. (Aux États-Unis ce cachet doit être celui du Service d'Hygiène de l'état, de la ville ou du comté où le vaccinateur exerce la médecine, du Département de la Défense, d'un centre désigné de vaccination contre la fièvre jaune, le sceau du Service de la Santé Publique des États-Unis, ou le timbre spécial "S-C" approuvé par ce service.)

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions ci-dessus peut affecter sa validité.

*If unsuccessful, vaccination must be repeated and a new certificate executed.

*Si la vaccination n'a pas prise, il faudra recommencer et un nouveau certificat devra être établi.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIÈVRE JAUNE

This is to certify that
Je soussigné(e) certifie que ..... sex sexe .....

whose signature follows
dont la signature suit ..... date of birth
né(e) le .....

has on the date indicated been vaccinated or revaccinated against yellow fever.
a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator Signature et qualité professionnelle du vaccinateur	Origin and batch number of vaccine Origine du vaccin et numéro de lot	Official stamp of vaccinating center Cachet officiel du centre de vaccination

Socialist Workers Party

116 University Place • New York 3, N. Y. • ALgonquin 5-7460

JAMES P. CANNON
National Chairman

FARRELL DOBBS
National Secretary

March 27, 1963

Mr. Lee H. Oswald
P.O. Box 2915
Dallas, Texas

Dear Mr. Oswald:

We have recieved your letter of March 24. Thank you for writing again. The clipping was very interesting also.

Because of your young age and location, we are sending your name to the Young Socialist Alliance for further correspondence. I am sure that they will be able to inform you about what the youth in the movement are doing. Their address is: P.O. Box 471, Cooper Station, New York 3, New York.

If we can be of any more help, please write again.

With best wishes,

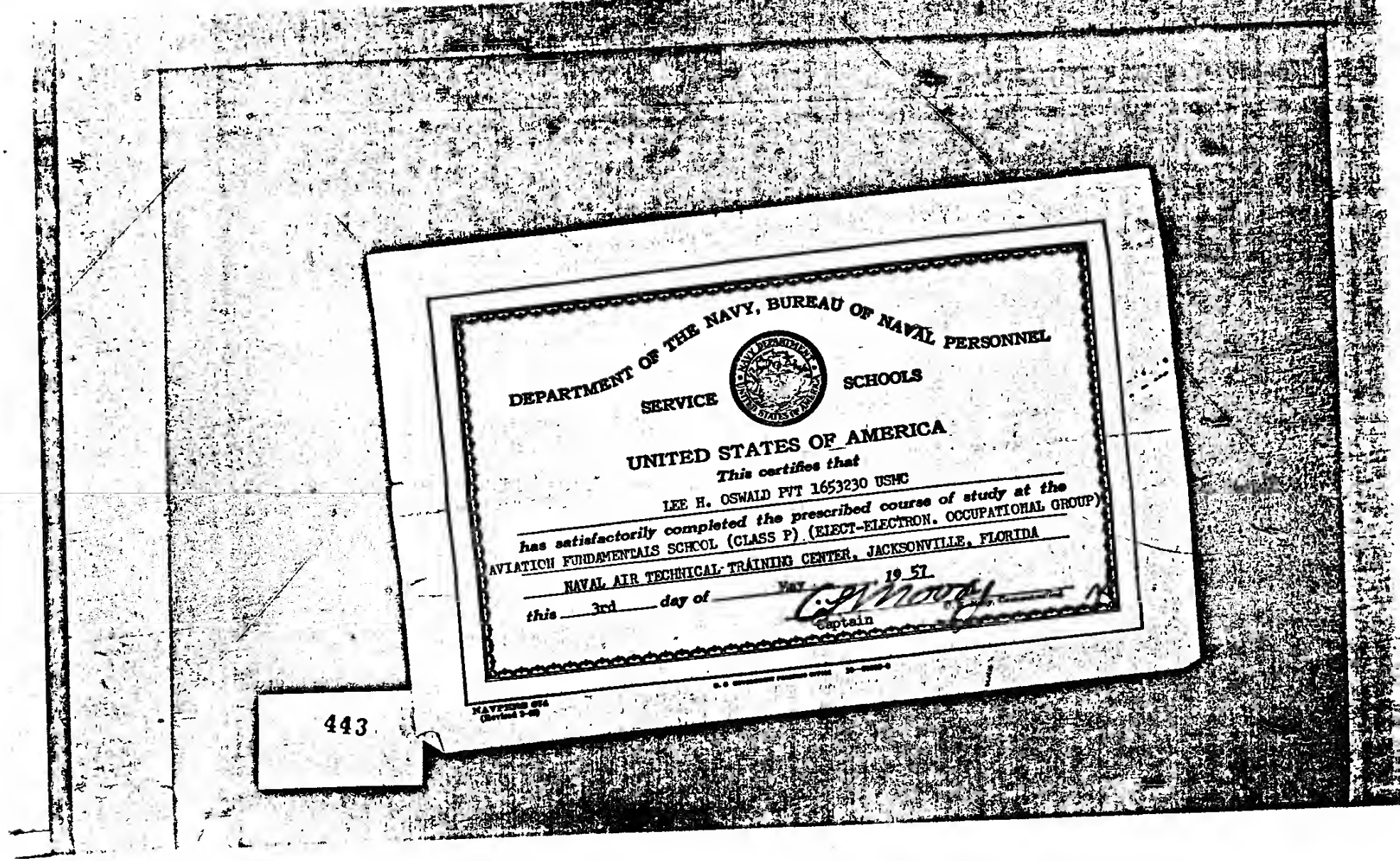
Sincerely,

Joseph Task

Joseph Task

JT:ms

445



DEPARTMENT OF THE NAVY, BUREAU OF NAVAL PERSONNEL

SERVICE SCHOOLS

UNITED STATES OF AMERICA

This certifies that

LEE H. OSWALD PVT 1653230 USMC

has satisfactorily completed the prescribed course of study at the

AVIATION FUNDAMENTALS SCHOOL (CLASS P) (ELECT-ELECTRON, OCCUPATIONAL GROUP)

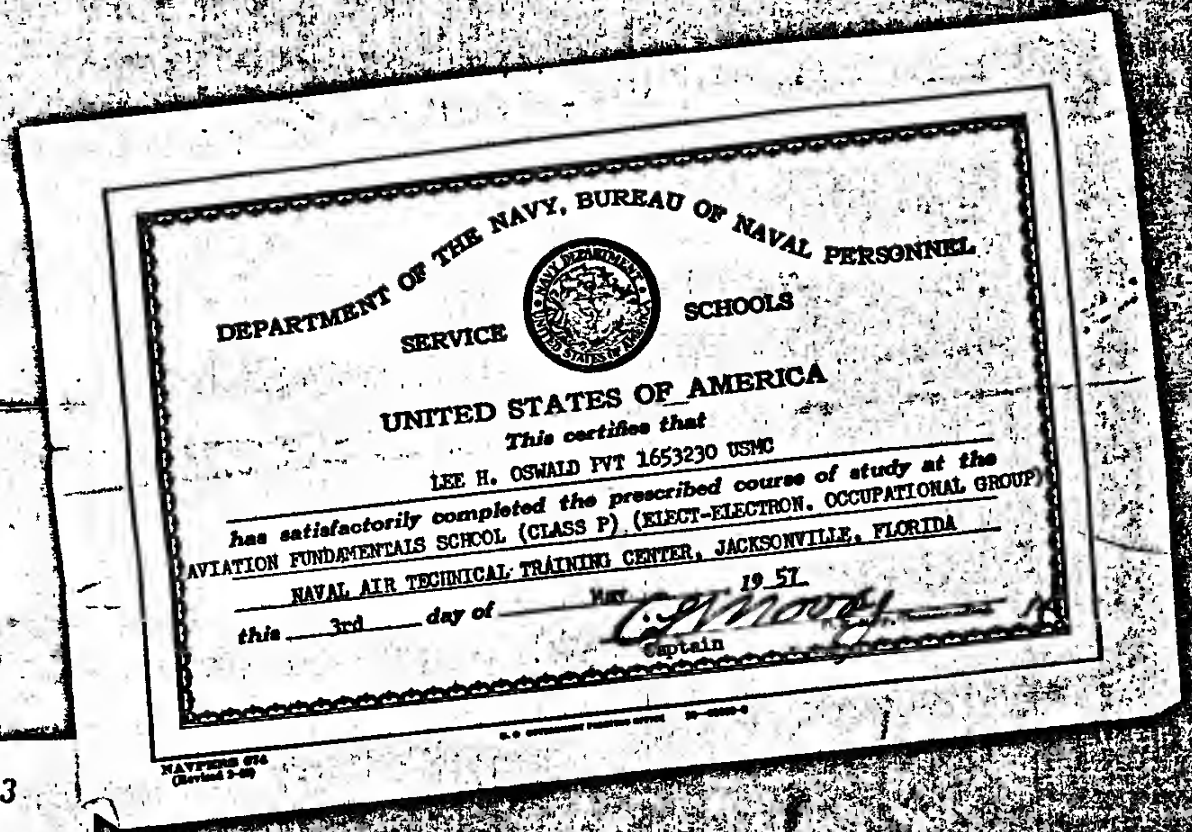
NAVAL AIR TECHNICAL TRAINING CENTER, JACKSONVILLE, FLORIDA

this 3rd *day of* May 19 57

Captain

NAVPERS 674
(Revised 1-49)

443



DEPARTMENT OF THE NAVY, BUREAU OF NAVAL PERSONNEL

SERVICE SCHOOLS

UNITED STATES OF AMERICA

This certifies that

LEE H. OSWALD PVT 1653230 USMC

has satisfactorily completed the prescribed course of study at the

AVIATION FUNDAMENTALS SCHOOL (CLASS P) (ELECT-ELECTRON. OCCUPATIONAL GROUP)

NAVAL AIR TECHNICAL TRAINING CENTER, JACKSONVILLE, FLORIDA

this 3rd *day of* May *19* 57

Captain

NAVPERS 674
(Revised 2-48)

443

424

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that
Je soussigné(e) certifie que LEE OSWALD

sex / sexe M

whose signature follows
dont la signature suit

date of birth / né(e) le OCT 18 39

has on the date indicated been vaccinated or revaccinated against smallpox.
a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

Date	Indicate by "X" whether / Indiquer par "X" s'il s'agit de	Signature, professional status, and address of vaccinator / Signature, qualité professionnelle, et adresse du vaccinateur	Approved stamp / Cachet officiel
JUN 8 1963	1a Primary vaccination performed / Primovaccination effectuée [X]	DR. A.J. HIDEEL P.O. BOX 30016 NEW ORLEANS, LA.	1a JUN [illegible]
	1b Read as successful / Prise [ ] Unsuccessful / Pas de prise [ ]*		1b
	2 [ ] Revaccination		2
	3 [ ] Revaccination		3

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed. (In the United States, the stamp is that of the local or State health department of the area in which the immunizing physician practices, the Department of Defense, a designated yellow fever vaccination center, the seal of the Public Health Service, or the special "S–C" stamp approved by the latter service.)

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée. (Aux États Unis ce cachet doit être celui du Service d'Hygiène, de l'état, de la ville ou du comté où le vaccinateur exerce la médecine, du Département de la Défense, d'un centre désigné de vaccination contre la fièvre jaune, le sceau du Service de la Santé Publique des États Unis, ou le timbre spécial "S–C" approuvé par ce service.)

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

*If unsuccessful, vaccination must be repeated and a new certificate executed.

*Si la vaccination a eu pas prise, il faudra recommencer et un nouveau certificat devra être établi.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIÈVRE JAUNE

This is to certify that
Je soussigné(e) certifie que

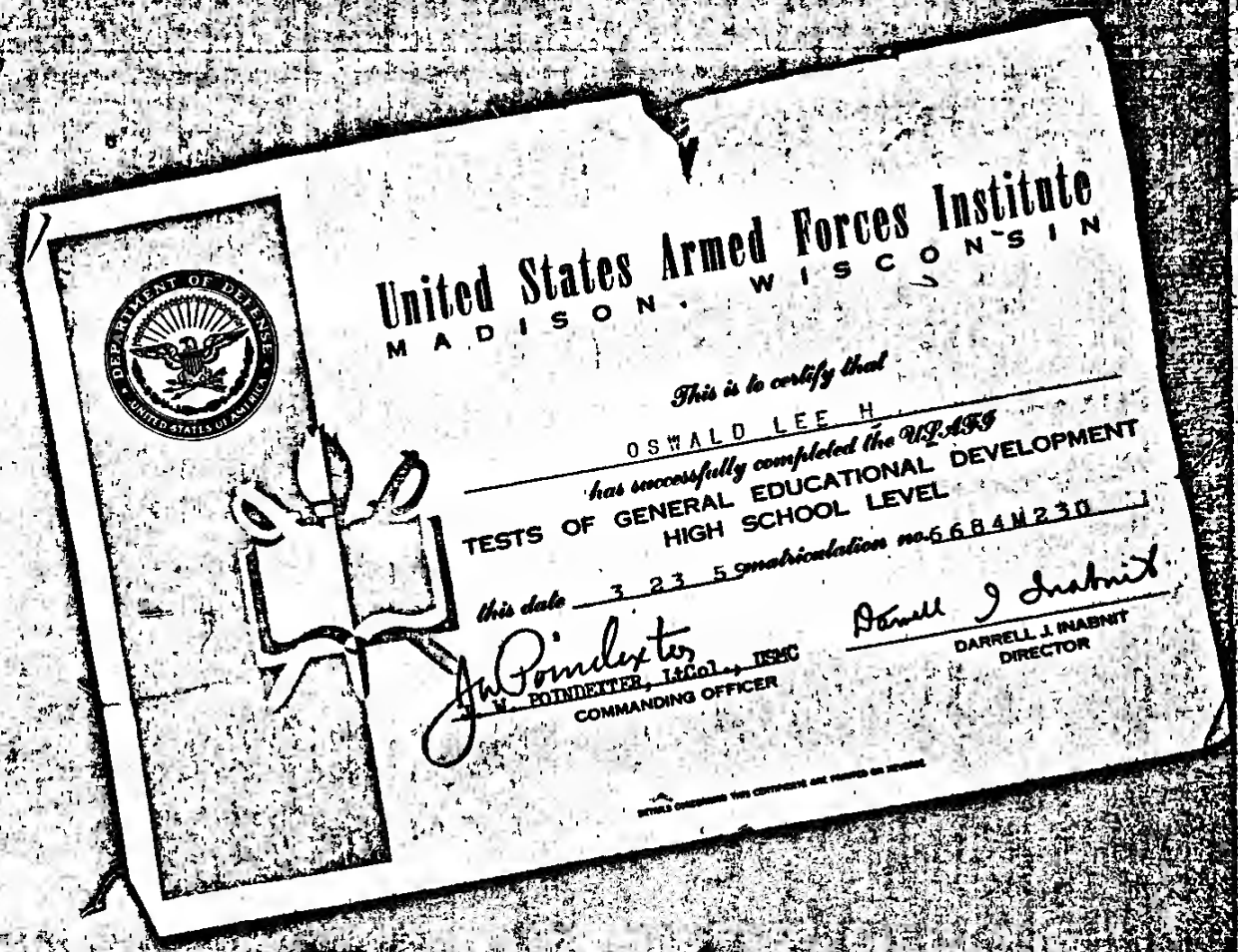
sex / sexe

whose signature follows
dont la signature suit

date of birth / né(e) le

has on the date indicated been vaccinated or revaccinated against yellow fever.
a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator / Signature et qualité professionnelle du vaccinateur	Origin and batch number of vaccine / Origine du vaccin et numéro du lot	Official stamp of vaccinating center / Cachet officiel du centre de vaccination



United States Armed Forces Institute
MADISON, WISCONSIN

This is to certify that

OSWALD LEE H

has successfully completed the USAFI

TESTS OF GENERAL EDUCATIONAL DEVELOPMENT
HIGH SCHOOL LEVEL

this date 3 23 5 9 *matriculation no* 6684M230

J. W. POINDEXTER, Lt.Col., USMC
COMMANDING OFFICER

DARRELL J. INABNIT
DIRECTOR

DETAILS CONCERNING THIS CERTIFICATE ARE GIVEN ON REVERSE

442